

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920014	ALCOVE MOTEL			NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
87 MAIN STREET				14			
Towns Served: NEW HARTFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	6/1/2016		6/11/2016	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21608	WELL	2	WELL	A				
56613	BLADDER TANK							

Contact Information

Name		Organization		Job Title		
Mr. Bhasker Desai		Alcove Motel		Member		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code
87 Main Street	PO Box 372		New Hartford		CT	06057

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920014	ALCOVE MOTEL	NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
87 MAIN STREET			14		
Towns Served: NEW HARTFORD					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-693-8577		860-693-8577		860-693-8577	
Contact Role(s): Administrative Contact, Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920024	1165 LITCHFIELD TURNPIKE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/8/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21609	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Jeffrey Radwick		The Bakersville Mall, LLC		Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
The Bakersville Mall, LLC		P.O. Box 223		New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-294-6826						

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920024	1165 LITCHFIELD TURNPIKE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: NEW HARTFORD

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920034	97-107 MAIN STREET - NEW HARTFORD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BIRCH LANE ICE COMPANY					1			

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48669	WELL 1	2	WELL 1	A				
57167	UV SYSTEM							

Contact Information

Name				Organization			Job Title		
Ms. Barbara J. Krohner									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 206						New Hartford		CT	06057-0206
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-379-0575									
Contact Role(s):		Administrative Contact, Legal Contact, Owner							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920034	97-107 MAIN STREET - NEW HARTFORD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BIRCH LANE ICE COMPANY				1			
Towns Served: NEW HARTFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD					1			

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21611	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David J. Boyajian				Boy Scouts of America			Ranger		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-379-2009			860-379-8977				Dave.lori@bsaranger.com		
Contact Role(s):		Administrative Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
791 WEST HILL ROAD			1		
Towns Served: NEW HARTFORD					
Name		Organization		Job Title	
Mr. Charles Flowers		CT Yankee Council Bsa		Ceo	
Mailing Address Line One		Mailing Address Line Two		City	State
60 Wellington Road		P.O. Box 32		Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD			Connections		1			
Towns Served: NEW HARTFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00301	PRESSURE TANKS							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21612	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David J. Boyajian				Boy Scouts of America			Ranger		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			Dave.lori@bsaranger.com				
Contact Role(s):	Administrative Contact								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
791 WEST HILL ROAD			1		
Towns Served: NEW HARTFORD					
Name		Organization		Job Title	
Mr. Charles Flowers		CT Yankee Council Bsa		Ceo	
Mailing Address Line One		Mailing Address Line Two		City	State
60 Wellington Road		P.O. Box 32		Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920064	CAMP SEQUASSEN (RANGER - WELL #1)			NC	29	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD					1			

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21613	WELL #1	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David J. Boyajian				Boy Scouts of America			Ranger		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-379-2009			860-379-8977				Dave.lori@bsaranger.com		
Contact Role(s):		Administrative Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920064	CAMP SEQUASSEN (RANGER - WELL #1)	NC	29	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
791 WEST HILL ROAD			1		
Towns Served: NEW HARTFORD					
Name		Organization		Job Title	
Mr. Charles Flowers		CT Yankee Council Bsa		Ceo	
Mailing Address Line One		Mailing Address Line Two		City	State
60 Wellington Road		P.O. Box 32		Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920074	CAMP SEQUASSEN (SOUTH - WELL #4)			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD		Connections		1			
Towns Served: NEW HARTFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17	4/1-9/30	Complete
	1/1/18 - 12/31/18	4/1-9/30	Complete
	1/1/19 - 12/31/19	4/1-9/30	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00201	BOOSTER PUMP							
00301	ATMOSPHERIC STORAGE TANK							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21614	WELL #4	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David J. Boyajian				Boy Scouts of America			Ranger		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-379-2009			860-379-8977				Dave.lori@bsaranger.com		
Contact Role(s):		Administrative Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920074	CAMP SEQUASSEN (SOUTH - WELL #4)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
791 WEST HILL ROAD			1		
Towns Served: NEW HARTFORD					
Name		Organization		Job Title	
Mr. Charles Flowers		CT Yankee Council Bsa		Ceo	
Mailing Address Line One		Mailing Address Line Two		City	State
60 Wellington Road		P.O. Box 32		Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920084	CAMP SEQUASSEN (NORTH-WELL #5)			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD			Connections		1			
Towns Served: NEW HARTFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21615	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David J. Boyajian				Boy Scouts of America			Ranger		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-379-2009			860-379-8977				Dave.lori@bsaranger.com		
Contact Role(s):		Administrative Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920084	CAMP SEQUASSEN (NORTH-WELL #5)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
791 WEST HILL ROAD			1		
Towns Served: NEW HARTFORD					
Name		Organization		Job Title	
Mr. Charles Flowers		CT Yankee Council Bsa		Ceo	
Mailing Address Line One		Mailing Address Line Two		City	State
60 Wellington Road		P.O. Box 32		Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920094	CAMP WORKCOEMAN - DINING HALL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD				6			
Towns Served: NEW HARTFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18	5/1-6/30	Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18	10/1-10/31	Complete
	4/1/19 - 6/30/19	5/1-6/30	

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21616	WELL #1	2	WELL #1	A				

Contact Information

Name				Organization			Job Title		
Mr. James C. Waters				Connecticut Rivers Council			Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
60 Darlin Street						East Hartford		CT	06108
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-913-2750			860-289-1670				James.waters@scouting.org		
Contact Role(s): Administrative Contact, Legal Contact									

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920094	CAMP WORKCOEMAN - DINING HALL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD				6			
Towns Served: NEW HARTFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER			NC	200	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
812 STEELE ROAD				3			
Towns Served: NEW HARTFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/18 - 5/31/18		Complete
	6/1/18 - 6/30/18		Complete
	7/1/18 - 7/31/18		Complete
	8/1/18 - 8/31/18		Complete
	9/1/18 - 9/30/18		Complete
	10/1/18 - 10/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/18 - 5/31/18		Complete
	6/1/18 - 6/30/18		Complete
	7/1/18 - 7/31/18		Complete
	8/1/18 - 8/31/18		Complete
	9/1/18 - 9/30/18		Complete
	10/1/18 - 10/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP CERTIFICATION	4/1/2016	
SEASONAL START UP COMPLETED	4/1/2016	
SEASONAL START UP COMPLETED	4/1/2017	
SEASONAL START UP CERTIFICATION	4/1/2017	
SEASONAL START UP COMPLETED	4/1/2018	
SEASONAL START UP CERTIFICATION	4/1/2018	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER			NC	200	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
812 STEELE ROAD				3			
Towns Served: NEW HARTFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21617	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Daniel V. Jerram		Town of New Hartford		First Selectman		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
530 Main Street		P.O. Box 316		New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-379-3389		860-379-0940		860-480-1377	djerram@town.new-hartford.ct.us	

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920124	SKI SUNDOWN, INC.			NC	600	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
126 RATLUM ROAD				4			

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21619	WELL	2	WELL	A				
57597	PRESSURE TANK							

Contact Information

Name				Organization		Job Title		
Mr. Robert Switzgable				Ski Sundown		President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
			P. O. Box 208			New Hartford	CT	06057-0208
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-7669	220	860-379-1853		860-379-2840	Bob@skisundown.com			
Contact Role(s):	Administrative Contact, Legal Contact, Owner							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920124	SKI SUNDOWN, INC.			NC	600	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
126 RATLUM ROAD				4			

Towns Served: NEW HARTFORD

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920144	TRINITA			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
595 TOWN HILL ROAD					6			
Towns Served: NEW HARTFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21621	WELL	2	WELL	A				
57599	BLADDER TANKS							

Contact Information

Name			Organization			Job Title		
Mr. Sr John Christopher Langford			M.S.B.T.			General Treasurer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
3501 Solly Avenue						Philadelphia	PA	19136
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920144	TRINITA	NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
595 TOWN HILL ROAD				6	
Towns Served: NEW HARTFORD					
215-335-7502		215-335-7580	215-335-7500		JLANGF422@AOL.COM
Contact Role(s):	Legal Contact, Owner				
Name		Organization		Job Title	
Mr. Deborah Wilson		Msbt		Team Member	
Mailing Address Line One		Mailing Address Line Two		City	State
595 Town Hill Road				New Hartford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-379-4329		860-379-4329		860-738-0337	trinita@charter.net
Contact Role(s):	Administrative Contact				

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920154	WEST HILL BEACH CLUB, INC.			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
730 WEST HILL ROAD				2	2			
Towns Served: NEW HARTFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 5/31/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Total Coliform (3100)		3 (TR) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	6/1/18 - 6/30/18		Complete
Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility: **WELL (WSF ID: 21622)**

E. Coli (3014)		1 triggered (TG) per period	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	5/21/18 - 5/27/18		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/25/2006	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21622	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920154	WEST HILL BEACH CLUB, INC.			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
730 WEST HILL ROAD				2	2			
Towns Served: NEW HARTFORD								

Contact Information

Name				Organization			Job Title		
Mr. Sally Albrecht				West Hill Beach Club Inc			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
11 Buttonwood Hill						Canton		CT	06019
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Legal Contact**

Name				Organization			Job Title		
Mr. Richard Albrecht				West Hill Beach Club, Inc			Vol Grounds Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
11 Buttonwood Hill Road						Canton		CT	06019
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-810-8599					ralbrecht08@gmail.com				

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0920284	CAMP WORKCOEMAN - CAMPSITE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD				1				

Towns Served: NEW HARTFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48806	WELL # 2	2	WELL # 2	A				

Contact Information

Name				Organization			Job Title		
Mr. James C. Waters				Connecticut Rivers Council			Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
60 Darlin Street						East Hartford		CT	06108
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-913-2750			860-289-1670				James.waters@scouting.org		
Contact Role(s):		Administrative Contact, Legal Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920284	CAMP WORKCOEMAN - CAMPSITE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				

Towns Served: NEW HARTFORD

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920294	CAMP WORKCOEMAN - BAILEY			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				
Towns Served: NEW HARTFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18	5/1-6/30	Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18	10/1-10/31	Complete
	4/1/19 - 6/30/19	5/1-6/30	

Water System Facility: **ENTRY PIONT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/25/2005		3/7/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	1/26/2006		2/5/2006	
Physical Parameters M&R Violation	4/1/09 - 6/30/09	3	9/8/2010		9/18/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY PIONT	3	ENTRY POINT	A				
48818	WELL # 3	2	WELL # 3	A				

Contact Information

<i>Name</i>		<i>Organization</i>		<i>Job Title</i>		
Mr. James C. Waters		Connecticut Rivers Council		Director		
<i>Mailing Address Line One</i>		<i>Mailing Address Line Two</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
60 Darlin Street				East Hartford	CT	06108
<i>Business Phone</i>	<i>Extension</i>	<i>Fax</i>	<i>Mobile Phone</i>	<i>Emergency Phone</i>	<i>Email Address</i>	
860-913-2750		860-289-1670			James.waters@scouting.org	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920294	CAMP WORKCOEMAN - BAILEY			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				

Towns Served: NEW HARTFORD

Contact Role(s): **Administrative Contact, Legal Contact**

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0925014	BERSHIRE HALL AT BRODIE PARK			NC	28	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
580 WEST HILL ROAD							6	
Towns Served: NEW HARTFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	10/19/2011		10/29/2011	
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	9/18/2012		9/28/2012	
Total Coliform M&R Violation	1/1/14 - 3/31/14	3	6/26/2014		7/6/2014	
Physical Parameters M&R Violation	1/1/14 - 3/31/14		5/27/2015		6/6/2015	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
57701	WELL 1	2	WELL 1	A				

Contact Information

Name	Organization	Job Title
Mr. Daniel V. Jerram	Town of New Hartford	First Selectman

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0925014	BERSHIRE HALL AT BRODIE PARK	NC	28	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
580 WEST HILL ROAD					6
Towns Served: NEW HARTFORD					
Mailing Address Line One		Mailing Address Line Two		City	State
530 Main Street		P.O. Box 316		New Hartford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-379-3389		860-379-0940		860-480-1377	djerram@town.new-hartford.ct.us
Contact Role(s): Administrative Contact, Legal Contact					
Name		Organization		Job Title	
Town of New Hartford					
Mailing Address Line One		Mailing Address Line Two		City	State
580 Main St				New Hartford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					

Please note the following:

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End of schedule

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